

Refine Search

Search Results -

Term	Documents
PROKINET\$7	0
PROKINETEIC	1
PROKINETIC	373
PROKINETICIN	7
PROKINETICINS	1
PROKINETICS	29
PROKINETID	1
(1 AND PROKINET\$7).USPT.	28
(L1 AND PROKINET\$7).USPT.	28

Database:

US Pre-Grant Publication Full-Text Database
 US Patents Full-Text Database
 US OCR Full-Text Database
 EPO Abstracts Database
 JPO Abstracts Database
 Derwent World Patents Index
 IBM Technical Disclosure Bulletins

Search:

L2

Refine Search

Recall Text  Clear 

Interrupt 

Search History

DATE: Thursday, June 22, 2006 [Printable Copy](#) [Create Case](#)

Set Name **Query**
side by side

Hit Count **Set Name**
result set

DB=USPT; PLUR=YES; OP=ADJ

<u>L2</u>	L1 and prokinet\$7	28	<u>L2</u>
<u>L1</u>	514/327.ccls.	476	<u>L1</u>

END OF SEARCH HISTORY

Your last SELECT statement was:
S (INTESTIN?(5N)CLEANS?) AND LAXAT?

Ref	Items	File
N1	15	149: TGG Health&Wellness DB(SM) _1976-2006/May W4
N2	13	399: CA SEARCH(R) _1967-2006/UD=14425
N3	5	155: MEDLINE(R) _1951-2006/Jun 12
N4	3	34: SciSearch(R) Cited Ref Sci_1990-2006/Jun W1
N5	2	73: EMBASE_1974-2006/Jun 13
N6	1	5: Biosis Previews(R) _1969-2006/Jun W1
N7	1	156: ToxFile_1965-2006/Jun W2
N8	1	159: Cancerlit_1975-2002/Oct
N9	1	266: FEDRIP_2005/Dec
N10	0	35: Dissertation Abs Online_1861-2006/May

9 files have one or more items; file list includes 25 files.

- Enter P or PAGE for more -

? b n1-n10
13jun06 15:37:05 User208650 Session D835.5
\$11.87 4.478 DialUnits File411
\$11.87 Estimated cost File411
\$0.80 TELNET
\$12.67 Estimated cost this search
\$106.81 Estimated total session cost 10.818 DialUnits

SYSTEM:OS - DIALOG OneSearch

File 149:TGG Health&Wellness DB(SM) 1976-2006/May W4
(c) 2006 The Gale Group

File 399:CA SEARCH(R) 1967-2006/UD=14425
(c) 2006 American Chemical Society

*File 399: Use is subject to the terms of your user/customer agreement.
IPCR/8 classification codes now searchable as IC=. See HELP NEWSIPCR.

File 155: MEDLINE(R) 1951-2006/Jun 12
(c) format only 2006 Dialog

*File 155: Please see HELP NEWS 154

for information about recent updates added to MEDLINE.

File 34:SciSearch(R) Cited Ref Sci 1990-2006/Jun W1
(c) 2006 Inst for Sci Info

File 73:EMBASE 1974-2006/Jun 13
(c) 2006 Elsevier Science B.V.

File 5:Biosis Previews(R) 1969-2006/Jun W1
(c) 2006 The Thomson Corporation

File 156:ToxFile 1965-2006/Jun W2
(c) format only 2006 Dialog

File 159:Cancerlit 1975-2002/Oct
(c) format only 2002 Dialog

*File 159: Cancerlit is no longer updating.

Please see HELP NEWS159.

File 266:FEDRIP 2005/Dec
Comp & dist by NTIS, Intl Copyright All Rights Res

File 35:Dissertation Abs Online 1861-2006/May
(c) 2006 ProQuest Info&Learning

Set Items Description

? s (intestin?(5n)cleans?) and laxat?

1202478 INTESTIN?
24293 CLEANS?
263 INTESTIN?(5N)CLEANS?
16960 LAXAT?

S1 42 (INTESTIN?(5N)CLEANS?) AND LAXAT?

? rd

S2 40 RD (unique items)
? s2 and prokinet?
Processing
Processed 10 of 10 files ...
Completed processing all files
 16436254 2
 7009 PROKINET?
 S3 2727 2 AND PROKINET?
? s s2 and prokinet?
 40 S2
 7009 PROKINET?
 S4 0 S2 AND PROKINET?

```
? b 411
 13jun06 15:27:38 User208650 Session D835.2
      $0.00    0.107 DialUnits File410
  $0.00  Estimated cost File410
  $0.00  Estimated cost this search
  $0.53  Estimated total session cost  0.258 DialUnits
File 411:DIALINDEX(R)
```

```
DIALINDEX(R)
  (c) 2006 Dialog
```

```
*** DIALINDEX search results display in an abbreviated ***
*** format unless you enter the SET DETAIL ON command. ***
? sf medicine
>>>      138 is unauthorized
>>>1 of the specified files is not available
      You have 25 files in your file list.
      (To see banners, use SHOW FILES command)
? s prokinet?(20n)laxati?
```

```
Your SELECT statement is:
  s prokinet?(20n)laxati?
```

Items	File
12	5: Biosis Previews(R)_1969-2006/Jun W1
21	34: SciSearch(R) Cited Ref Sci_1990-2006/Jun W1
1	65: Inside Conferences_1993-2006/Jun 13
78	73: EMBASE_1974-2006/Jun 13
1	91: MANTIS(TM)_1880-2006/Feb
4	144: Pascal_1973-2006/May W3
9	149: TGG Health&Wellness DB(SM)_1976-2006/May W4
25	155: MEDLINE(R)_1951-2006/Jun 12
4	156: ToxFile_1965-2006/Jun W2
1	159: Cancerlit_1975-2002/Oct
1	162: Global Health_1983-2006/May
4	399: CA SEARCH(R)_1967-2006/UD=14425
2	444: New England Journal of Med._1985-2006/May W4

```
13 files have one or more items; file list includes 25 files.
```

```
? rf
Your last SELECT statement was:
  S PROKINET?(20N)LAXATI?
```

Ref	Items	File
N1	78	73: EMBASE_1974-2006/Jun 13
N2	25	155: MEDLINE(R)_1951-2006/Jun 12
N3	21	34: SciSearch(R) Cited Ref Sci_1990-2006/Jun W1
N4	12	5: Biosis Previews(R)_1969-2006/Jun W1
N5	9	149: TGG Health&Wellness DB(SM)_1976-2006/May W4
N6	4	144: Pascal_1973-2006/May W3
N7	4	156: ToxFile_1965-2006/Jun W2
N8	4	399: CA SEARCH(R)_1967-2006/UD=14425
N9	2	444: New England Journal of Med._1985-2006/May W4
N10	1	65: Inside Conferences_1993-2006/Jun 13

```
13 files have one or more items; file list includes 25 files.
```

```
- Enter P or PAGE for more -
```

```
? b n1-n10
 13jun06 15:28:17 User208650 Session D835.3
      $2.62    0.989 DialUnits File411
```

\$2.62 Estimated cost File411
\$0.26 TELNET
\$2.88 Estimated cost this search
\$3.41 Estimated total session cost 1.248 DialUnits

SYSTEM:OS - DIALOG OneSearch
File 73:EMBASE 1974-2006/Jun 13
(c) 2006 Elsevier Science B.V.
File 155: MEDLINE(R) 1951-2006/Jun 12
(c) format only 2006 Dialog
*File 155: Please see HELP NEWS 154
for information about recent updates added to MEDLINE.
File 34:SciSearch(R) Cited Ref Sci 1990-2006/Jun W1
(c) 2006 Inst for Sci Info
File 5:Biosis Previews(R) 1969-2006/Jun W1
(c) 2006 The Thomson Corporation
File 149:TGG Health&Wellness DB(SM) 1976-2006/May W4
(c) 2006 The Gale Group
File 144:Pascal 1973-2006/May W3
(c) 2006 INIST/CNRS
File 156:ToxFile 1965-2006/Jun W2
(c) format only 2006 Dialog
File 399:CA SEARCH(R) 1967-2006/UD=14425
(c) 2006 American Chemical Society
*File 399: Use is subject to the terms of your user/customer agreement.
IPCR/8 classification codes now searchable as IC=. See HELP NEWSIPCR.
File 444:New England Journal of Med. 1985-2006/May W4
(c) 2006 Mass. Med. Soc.
File 65:Inside Conferences 1993-2006/Jun 13
(c) 2006 BLDSC all rts. reserv.

Set Items Description
--- --- ---
? s prokinet?(20n)laxati?
7670 PROKINET?
18455 LAXATI?
S1 160 PROKINET?(20N)LAXATI?
? rd
S2 116 RD (unique items)
? s s2 and ((5(w)ht?) or 5ht?)
>>>File 34 processing for HT? stopped at HTU42
>>>File 5 processing for HT? stopped at HT2AR
Processing
Processing
Processed 10 of 10 files ...
Completed processing all files
116 S2
11836516 5
457157 HT?
169755 5(W)HT?
25566 5HT?
S3 14 S2 AND ((5(W)HT?) OR 5HT?)
? t/5/1-14

3/5/1 (Item 1 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2006 Elsevier Science B.V. All rts. reserv.

13089270 EMBASE No: 2005152045
Rationale for using serotonergic agents to treat irritable bowel syndrome
Baker D.E.
Prof. D.E. Baker, Clinical Programs, College of Pharmacy, Washington
State University, P.O. Box 1495, Spokane, WA 99210-1495 United States
AUTHOR EMAIL: bakerdan@wsu.edu

American Journal of Health-System Pharmacy (AM. J. HEALTH-SYST. PHARM.)
(United States) 01 APR 2005, 62/7 (700-713)
CODEN: AHSPE ISSN: 1079-2082
DOCUMENT TYPE: Journal ; Review
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 111

Purpose. The role of serotonin in gastrointestinal (GI)-tract functioning, the pharmacologic rationale for using serotonergic agents in the treatment of irritable bowel syndrome (IBS), and clinical experience with novel serotonergic agents are described. Summary. IBS is a common multisymptom disorder that is associated with a high socioeconomic burden. The goal of treatment is to provide rapid and sustained global relief of the multiple symptoms of IBS with a single, effective, well-tolerated agent. Traditional treatment options target single symptoms, and many patients are dissatisfied with the level of relief achieved and adverse effects. Research has revealed that serotonin is involved in three major actions in the gut: (1) mediating intestinal motility, (2) mediating intestinal secretion in the GI tract, and (3) modulating perception in the bowels. Serotonin is also a vital link in the brain-gut axis. Alterations in key elements of serotonin signaling have been demonstrated in patients with IBS. Tegaserod, a selective serotonin type 4 (***5*** - ***HTSUB4***)-receptor partial agonist, is indicated for use in women with IBS whose primary bowel symptom is constipation. Alosetron, a ***5*** - ***HTSUB3*** -receptor antagonist, is indicated for use in women with severe diarrhea-predominant IBS in whom traditional therapies have failed. The clinical usefulness of several other serotonergic agents for IBS is being investigated. Conclusion. The use of serotonergic agents in patients with IBS is based on the critical role that serotonin plays in the maintenance of normal gut function and brain-gut communication. Pharmacologic therapies targeting specific serotonin receptors represent an important step in the management of IBS. Copyright (c) 2005, American Society of Health-System Pharmacists, Inc. All rights reserved.

BRAND NAME/MANUFACTURER NAME: ym 060

DRUG DESCRIPTORS:

*tegaserod--adverse drug reaction--ae; *tegaserod--clinical trial--ct; *tegaserod--drug dose--do; *tegaserod--drug therapy--dt; *tegaserod--pharmacology--pd; *serotonin 4 agonist--adverse drug reaction--ae; *serotonin 4 agonist--clinical trial--ct; *serotonin 4 agonist--drug dose--do; *serotonin 4 agonist--drug therapy--dt; *serotonin 4 agonist--pharmacology--pd; *alosetron--adverse drug reaction--ae; *alosetron--clinical trial--ct; *alosetron--drug dose--do; *alosetron--drug therapy--dt; *alosetron--pharmacology--pd; *serotonin 3 agonist--adverse drug reaction--ae; *serotonin 3 agonist--clinical trial--ct; *serotonin 3 agonist--drug dose--do; *serotonin 3 agonist--drug therapy--dt; *serotonin 3 agonist--pharmacology--pd; *serotonin--endogenous compound--ec; *renzapride--clinical trial--ct; *renzapride--drug therapy--dt; tricyclic antidepressant agent--drug therapy--dt; spasmolytic agent--drug therapy--dt; laxative--drug therapy--dt; antidiarrheal agent--drug therapy--dt; bulking agent--drug therapy--dt; prokinetic agent--adverse drug reaction--ae; prokinetic agent--drug comparison--cm; prokinetic agent--drug therapy--dt; cisapride--adverse drug reaction--ae; cisapride--drug comparison--cm; cisapride--drug therapy--dt; ramosetron--clinical trial--ct; ramosetron--drug development--dv; ramosetron--drug dose--do; ramosetron--drug therapy--dt; cilansetron--adverse drug reaction--ae; cilansetron--clinical trial--ct; cilansetron--drug dose--do; cilansetron--drug therapy--dt

MEDICAL DESCRIPTORS:

*irritable colon--drug therapy--dt
drug use; clinical feature; symptom; drug efficacy; drug tolerability; intestine motility; intestine secretion; signal transduction; drug indication; constipation--drug therapy--dt; constipation--side effect--si; disease severity; diarrhea--drug therapy--dt; diarrhea--side effect--si;

treatment failure; intestine function; abdominal pain--drug therapy--dt; abdominal pain--side effect--si; intestine innervation; drug mechanism; headache--side effect--si; ischemic colitis--side effect--si; ischemia --side effect--si; abdominal discomfort--side effect--si; nausea--side effect--si; intestine obstruction--side effect--si; intestine perforation --side effect--si; feces impaction--side effect--si; drug fatality--side effect--si; human; nonhuman; clinical trial; systematic review; review; priority journal

CAS REGISTRY NO.: 145158-71-0, 189188-57-6 (tegaserod); 122852-42-0 (alosetron); 50-67-9 (serotonin); 109872-41-5 (renzapride); 81098-60-4 (cisapride); 132036-88-5, 132907-72-3 (ramosetron); 120635-72-5, 120635-74-7, 209859-87-0 (cilansetron)

SECTION HEADINGS:

030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reaction Titles
048 Gastroenterology

3/5/2 (Item 2 from file: 73)
DIALOG(R) File 73:EMBASE
(c) 2006 Elsevier Science B.V. All rts. reserv.

12670511 EMBASE No: 2004268589
New and emerging treatment options for chronic constipation
Schiller L.R.
Dr. L.R. Schiller, Baylor University Medical Center, Dallas, TX United States
Reviews in Gastroenterological Disorders (REV. GASTROENTEROL. DISORD.)
(United States) 2004, 4/SUPPL. 2 (S43-S51)
CODEN: RGDEA ISSN: 1533-001X
DOCUMENT TYPE: Journal ; Review
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 71

Chronic constipation remains a therapeutic challenge for today's physicians. Traditional approaches include use of fiber, osmotic laxatives, stimulant laxatives, prokinetic agents, biofeedback training, and surgery. These often are tried sequentially and episodically and have little evidence of long-term efficacy. Patients often report inadequate relief of symptoms. There is room for improvement, therefore, in the therapy of chronic constipation. Future advances largely will be based on insights into the enteric nervous system (ENS), the structure and function of which is being revealed in great detail. Manipulating the ENS pharmacologically offers the opportunity to reprogram this key control system to improve bowel function. For example, interneurons in the ENS display 5-HT₄ receptors, activation of which enhances the peristaltic reflex. Prokinetic agents that stimulate those receptors, such as tegaserod and prucalopride, have demonstrated efficacy as investigational agents for the treatment of chronic constipation in large studies. Less well studied investigational drugs with presumed activity in the ENS include opiate antagonists and the nerve growth factor neurotrophin-3. Both of these types of agents have been shown to be effective in small groups of patients with constipation. Another approach under development is to stimulate colonic fluid secretion by opening chloride channels in the epithelium pharmacologically. Existing nonpharmacological treatments that can be improved include biofeedback training for pelvic floor dysfunction and surgery. Future developments include investigation of electrical stimulation of the colon and use of stem cells to repopulate degenerated populations of neurons, interstitial cells of Cajal, or smooth muscle cells. (c) 2004 MedReviews, LLC.

BRAND NAME/MANUFACTURER NAME: ru 0211
DRUG DESCRIPTORS:

osmotic agent--drug therapy--dt; laxative--drug therapy--dt;
prokinetic agent--adverse drug reaction--ae; prokinetic agent
--clinical trial--ct; prokinetic agent--drug analysis--an;
prokinetic agent--drug therapy--dt; prokinetic agent--pharmacology
--pd; serotonin 4 receptor--endogenous compound--ec; tegaserod--adverse
drug reaction--ae; tegaserod--clinical trial--ct; tegaserod--drug analysis
--an; tegaserod--drug therapy--dt; tegaserod--pharmacology--pd;
prucalopride--adverse drug reaction--ae; prucalopride--clinical trial--ct;
prucalopride--drug analysis--an; prucalopride--drug therapy--dt;
prucalopride--pharmacology--pd; opiate antagonist--clinical trial--ct;
opiate antagonist--drug therapy--dt; opiate antagonist--pharmacokinetics
--pk; opiate antagonist--pharmacology--pd; neurotrophin 3--adverse drug
reaction--ae; neurotrophin 3--clinical trial--ct; neurotrophin 3--drug
therapy--dt; neurotrophin 3--pharmacology--pd; neurotrophin 3--subcutaneous
drug administration--sc; recombinant protein--clinical trial--ct;
recombinant protein--drug therapy--dt; recombinant protein--pharmacology
--pd; cisapride--adverse drug reaction--ae; cisapride--drug analysis--an;
17 methylnaltrexone--clinical trial--ct; 17 methylnaltrexone--drug therapy
--dt; alvimopan--clinical trial--ct; alvimopan--drug therapy--dt; opiate
--adverse drug reaction--ae; gastrointestinal agent--adverse drug reaction
--ae; gastrointestinal agent--clinical trial--ct; gastrointestinal agent
--drug therapy--dt; gastrointestinal agent--pharmacology--pd; unclassified
drug

MEDICAL DESCRIPTORS:

*constipation--drug therapy--dt; *constipation--side effect--si; *
constipation--surgery--su; *constipation--therapy--th; *chronic disease
--drug therapy--dt; *chronic disease--side effect--si; *chronic disease
--surgery--su; *chronic disease--therapy--th
dietary fiber; feedback system; intestine surgery; evidence based medicine;
symptomatology; intestine innervation; intestine function; interneuron;
colon motility; drug efficacy; colon secretion; chloride channel; pelvic
disease--therapy--th; electrostimulation; stem cell transplantation; cell
population; nerve cell degeneration; interstitial cell of Cajal; smooth
muscle fiber; heart arrhythmia--side effect--si; diarrhea--side effect--si;
headache--side effect--si; intestine ischemia--side effect--si; abdominal
pain--side effect--si; rectum hemorrhage--side effect--si; nausea--side
effect--si; drug penetration; drug structure; drug mechanism; human;
clinical trial; review

DRUG TERMS (UNCONTROLLED): ru 0211--adverse drug reaction--ae; ru 0211
--clinical trial--ct; ru 0211--drug therapy--dt; ru 0211--pharmacology--pd

CAS REGISTRY NO.: 145158-71-0, 189188-57-6 (tegaserod); 179474-80-7,
179474-81-8, 179474-84-1 (prucalopride); 81098-60-4 (cisapride);
83387-25-1 (17 methylnaltrexone); 156053-89-3 (alvimopan); 53663-61-9,
8002-76-4, 8008-60-4 (opiate)

SECTION HEADINGS:

030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reaction Titles
048 Gastroenterology

3/5/3 (Item 3 from file: 73)

DIALOG(R) File 73:EMBASE
(c) 2006 Elsevier Science B.V. All rts. reserv.

11822875 EMBASE No: 2002394912

Good patient management, appropriate diet and selective medication are
trumps in the treatment of irritable bowel syndrome

GUTE PATIENTENFUHRUNG, RICHTIGE ERNAHRUNG, GEZIELTE MEDIKATION: DAS SIND
DIE TRUMPFE IN DER REIZDARMTHERAPIE

Fliegner-Baia M.; Keller J.; Layer P.

M. Fliegner-Baia, Med. Klinik, Stadtspital Triemli, Birmensdorferstr.

497, CH-8063 Zurich United Kingdom

MMW-Fortschritte der Medizin (MMW-FORTSCHR. MED.) (Germany) 17 OCT

2002, 144/42 (33-37)
CODEN: MFMEF ISSN: 1438-3276
DOCUMENT TYPE: Journal ; Short Survey
LANGUAGE: GERMAN SUMMARY LANGUAGE: ENGLISH; GERMAN

In the treatment of the irritable bowel syndrome, it is important to qualify unrealistic expectations with regard to treatment, at an early stage. The therapeutic spectrum encompasses establishment of good rapport between physician and patient, modification of life style, provision of good patient information, reassurance, coping strategies, and temporal restraints on medication. Depending on the leading symptoms, the latter may range from laxatives to probiotics, anticholinergics or spasmolytics, prokinetic and anti-diarrheal agents, to 5-HT3/HT4 receptor antagonists. In individual patients with frequently recurrent or permanent pain, the use of tricyclic antidepressants may be considered. Painkillers should be reserved for patients in whom other therapeutic strategies have failed.

DRUG DESCRIPTORS:

*gastrointestinal agent--drug therapy--dt
laxative--drug therapy--dt; probiotic agent--drug therapy--dt; spasmolytic agent--drug therapy--dt; antidiarrheal agent--drug therapy--dt; serotonin 3 antagonist--drug therapy--dt; serotonin 4 antagonist--drug therapy--dt

MEDICAL DESCRIPTORS:

*diet; *irritable colon--drug therapy--dt; *irritable colon--therapy--th
lifestyle; phytotherapy; psychotherapy; human; short survey

SECTION HEADINGS:

006 Internal Medicine
037 Drug Literature Index
048 Gastroenterology

3/5/4 (Item 4 from file: 73)
DIALOG(R) File 73:EMBASE
(c) 2006 Elsevier Science B.V. All rts. reserv.

11648635 EMBASE No: 2002217029
New and emerging treatments for irritable bowel syndrome and functional dyspepsia
Talley N.J.
Dr. N.J. Talley, Department of Medicine, University of Sydney, Nepean Hospital, Penrith, NSW 2751 Australia
AUTHOR EMAIL: talley@pnc.com.au
Expert Opinion on Emerging Drugs (EXPERT OPIN. EMERG. DRUGS) (United Kingdom) 2002, 7/1 (91-98)
CODEN: EOEDA ISSN: 1472-8214
DOCUMENT TYPE: Journal ; Review
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 63

The symptomatic management of irritable bowel syndrome (IBS) and functional dyspepsia, which often overlap, can be frustrating and difficult. Education and reassurance remain central for management although controlled trials are lacking. Psychological interventions may be useful in select patients but methodological inadequacies in clinical trials limit their interpretability. For symptom exacerbations, drug treatment is reasonable but no current treatment successfully targets the full symptom complex. Bulking agents are not of proven efficacy in IBS; they may improve constipation but worsen bloating and pain. Anticholinergics are of uncertain value in IBS. A meta-analysis of trials of smooth muscle relaxants for IBS has been reported to be positive but the quality of the trials included was poor. Antidepressants for IBS and functional dyspepsia appear to be efficacious based on the limited published evidence; both global symptoms and abdominal pain improve. Selective serotonin reuptake

inhibitors (SSRIs) are of uncertain efficacy but anecdotally appear to be useful. Laxatives are not of proven efficacy in IBS. Loperamide improves diarrhea, but not abdominal pain in IBS. No drug is of proven efficacy for bloating. Acid suppression remains the mainstay of therapy for functional dyspepsia but the majority of patients do not have an adequate response. Promising drugs include new prokinetics for constipation-predominant IBS (e.g., tegaserod, a partial α_5 receptor agonist, prucalopride, a full α_5 receptor agonist, and dexloxioglumide, a cholecystokinin 1 antagonist), agents for diarrhea-predominant IBS (e.g., α_5 receptor antagonists, alpha 2 receptor agonists and corticotrophin receptor-1 antagonists), other visceral analgesics (e.g. tachykinin antagonists, opioid agonists) and in dyspepsia fundus relaxing agents (e.g., α_5 receptor antagonists, tegaserod).

DRUG DESCRIPTORS:

*gastrointestinal agent
bulking agent; cholinergic receptor blocking agent; spasmolytic agent; serotonin uptake inhibitor--adverse drug reaction--ae; laxative; loperamide; prokinetic agent; tegaserod; prucalopride; dexloxioglumide; serotonin 3 antagonist; alpha 2 adrenergic receptor stimulating agent; corticotropin receptor; receptor blocking agent; analgesic agent; tachykinin receptor antagonist; opiate agonist; serotonin 1 agonist; hyoscyamine--drug dose--do; hyoscyamine--sublingual drug administration--li; zamifenacin; darifenacin; peppermint oil; tricyclic antidepressant agent--adverse drug reaction--ae; tricyclic antidepressant agent--drug dose--do; desipramine; nortriptyline; fedotozine; leuprorelin--subcutaneous drug administration--sc; serotonin 4 agonist; unindexed drug

MEDICAL DESCRIPTORS:

*irritable colon; *dyspepsia
drug efficacy; psychotherapy; constipation; abdominal pain; diarrhea; drug contraindication; drug tolerability; heart arrhythmia--side effect--si; liver toxicity--side effect--si; nausea--side effect--si; human; review
CAS REGISTRY NO.: 34552-83-5, 53179-11-6 (loperamide); 145158-71-0, 189188-57-6 (tegaserod); 179474-80-7, 179474-81-8, 179474-84-1 (prucalopride); 119817-90-2 (dexloxioglumide); 101-31-5, 306-03-6 (hyoscyamine); 127308-82-1, 127308-98-9 (zamifenacin); 133099-04-4, 133099-07-7 (darifenacin); 8006-90-4 (peppermint oil); 50-47-5, 58-28-6 (desipramine); 72-69-5, 894-71-3 (nortriptyline); 123618-00-8 (fedotozine); 53714-56-0, 74381-53-6 (leuprorelin)

SECTION HEADINGS:

037 Drug Literature Index
038 Adverse Reaction Titles
048 Gastroenterology

3/5/5 (Item 1 from file: 155)

DIALOG(R) File 155: MEDLINE(R)

(c) format only 2006 Dialog. All rts. reserv.

14083198 PMID: 12533994

[Proper patient counseling, recommended nutrition, specific medication. The basics of irritable bowel syndrome therapy]

Gute Patientenfuhrung, richtige Ernahrung, gezielte Medikation. Das sind die Trumpfe in der Reizdarmtherapie.

Fliegner-Baia M; Keller J; Layer P
Med. Klinik, Stadtspital Triemli, Birmensdorferstr. 497, CH-8063 Zurich.
MMW Fortschritte der Medizin (Germany) Oct 17 2002, 144 (42) p33-7,

ISSN 1438-3276--Print Journal Code: 100893959

Publishing Model Print

Document type: Journal Article ; English Abstract

Languages: GERMAN

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: INDEX MEDICUS

In the treatment of the irritable bowel syndrome, it is important to qualify unrealistic expectations with regard to treatment, at an early stage. The therapeutic spectrum encompasses establishment of good rapport between physician and patient, modification of life style, provision of good patient information, reassurance, coping strategies, and temporal restraints on medication. Depending on the leading symptoms, the latter may range from laxatives to probiotics, anticholinergics or spasmolytics, prokinetic and anti-diarrheal agents, to 5-HT3 /HT4 receptor antagonists. In individual patients with frequently recurrent or permanent pain, the use of tricyclic antidepressants may be considered. Painkillers should be reserved for patients in whom other therapeutic strategies have failed.

Descriptors: *Colonic Diseases, Functional--therapy--TH; *Food Habits; *Gastrointestinal Agents--therapeutic use--TU; *Patient Education; Abdominal Pain--etiology--ET; Abdominal Pain--therapy--TH; Antidepressive Agents, Tricyclic--therapeutic use--TU; Colonic Diseases, Functional --etiology--ET; Combined Modality Therapy; English Abstract; Humans
CAS Registry No.: 0 (Antidepressive Agents, Tricyclic); 0
(Gastrointestinal Agents)
Record Date Created: 20030121
Record Date Completed: 20030417

3/5/6 (Item 1 from file: 34)
DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
(c) 2006 Inst for Sci Info. All rts. reserv.

08232278 Genuine Article#: 260QZ Number of References: 22
Title: Classification, pharmacology, and side-effects of common laxatives
Author(s): MullerLissner S (REPRINT)
Corporate Source: PK KLIN WEISSENSEE,/D-13086 BERLIN//GERMANY/ (REPRINT)
Journal: ITALIAN JOURNAL OF GASTROENTEROLOGY AND HEPATOLOGY, 1999, V31, 3 (NOV), PS234-S237
ISSN: 1125-8055 Publication date: 19991100
Publisher: PACINI EDITORE, VIA DELLA GHERARDESCA-ZONA INDUSTRIALE, 56014
OSPEDALETTO PISA, ITALY
Language: English Document Type: ARTICLE
Geographic Location: GERMANY
Subfile: CC CLIN--Current Contents, Clinical Medicine
Journal Subject Category: GASTROENTEROLOGY & HEPATOLOGY
Abstract: No definition of the term laxative is satisfactory since their mode of actions affects multiple mechanisms, absorption/secretion and motor activity: Laxatives are very heterogeneous chemically. They act by either holding water inside the bowel lumen (dietary fibre, osmotic laxatives), by inhibition of water absorption or stimulation of secretion (stimulation laxatives), or by stimulation of colonic motility (stimulant laxatives, ***5HT*** (4) agonists). Most laxatives have side-effects but these are usually mild.
Descriptors--Author Keywords: abuse ; definition ; fibre ; laxatives ; melanosis coli ; prokinetics ; side-effects
Identifiers--KeyWord Plus(R): DIETARY FIBER; CONSTIPATION; DIARRHEA; ORIGIN; BRAN
Cited References:
BASS P, 1981, V3, P23, J CLIN GASTROENTEROL S1
BOCKUS HL, 1933, V101, P1, JAMA-J AM MED ASSOC
BRUNTON LL, 1990, P914, PHARMACOL BASIS THER
BYTZER P, 1989, V30, P1379, GUT
CUMMINGS JH, 1978, V1, P5, LANCET
DUTOUR P, 1984, V15, P1358, GUT
HEILBRUN N, 1943, V41, P486, RADIOLOGY
HEINY BM, 1976, V28, P563, ARZTLICHE PRAXIS
KINNUNEN O, 1987, V19, P321, ANN CLIN R
KLUCK P, 1987, V93, P872, GASTROENTEROLOGY
KRISHNAMURTHY S, 1985, V88, P26, GASTROENTEROLOGY

MULLERLISSNER S, 1996, V39, P486, GUT
MULLERLISSNER S, 1992, V30, P418, Z GASTROENTEROL
MULLERLISSNER SA, 1988, V296, P615, BRIT MED J
MULLERLISSNER SA, 1994, CONSTIPATION
PASSMORE AP, 1993, V307, P769, BRIT MED J
READ NW, 1980, V78, P264, GASTROENTEROLOGY
RIECKEN EO, 1990, V28, P660, Z GASTROENTEROL
RIEMANN JF, 1980, V15, P761, SCAND J GASTROENTERO
SMITH B, 1969, V9, P139, GUT
SPEARE GS, 1951, V82, P631, AM J SURG
STEPHEN AM, 1979, V20, P722, GUT

3/5/7 (Item 1 from file: 149)
DIALOG(R) File 149:TGG Health&Wellness DB(SM)
(c) 2006 The Gale Group. All rts. reserv.

02798074 SUPPLIER NUMBER: 144013557 (USE FORMAT 7 OR 9 FOR FULL TEXT)
)
Treatment of constipation in older adults. (Disease/Disorder overview)
Hsieh, Christine
American Family Physician, 72, 11, 2277(8)
Dec 1,
2005
DOCUMENT TYPE: Disease/Disorder overview PUBLICATION FORMAT:
Magazine/Journal ISSN: 0002-838X LANGUAGE: English RECORD TYPE:
Fulltext; Abstract TARGET AUDIENCE: Professional
WORD COUNT: 4215 LINE COUNT: 00436

AUTHOR ABSTRACT: Constipation is a common complaint in older adults. Although constipation is not a physiologic consequence of normal aging, decreased mobility and other comorbid medical conditions may contribute to its increased prevalence in older adults. Functional constipation is diagnosed when no secondary causes can be identified, such as a medical condition or a medicine with a side effect profile that includes constipation. Empiric treatment may be tried initially for patients with functional constipation. Management of chronic constipation includes keeping a stool diary to record the nature of the bowel movements, counseling on bowel training, increasing fluid and dietary fiber intake, and increasing physical activity. There are a variety of over-the-counter and prescription laxatives available for the treatment of constipation. Fiber and laxatives increase stool frequency and improve symptoms of constipation. If constipation is refractory to medical treatment, further diagnostic evaluation may be warranted to assess for colonic transit time and anorectal dysfunction. Alternative treatment methods such as biofeedback and surgery may be considered for these patients. (Am Fam Physician 2005;72:2277-84, 2285. Copyright (c) 2005 American Academy of Family Physicians.)

DESCRIPTORS: Constipation
GEOGRAPHIC CODES/NAMES: 1USA United States
FILE SEGMENT: HI File 149

3/5/8 (Item 2 from file: 149)
DIALOG(R) File 149:TGG Health&Wellness DB(SM)
(c) 2006 The Gale Group. All rts. reserv.

01374719 SUPPLIER NUMBER: 13303139 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Clinical approaches to irritable bowel syndrome.
Weber, Frederick H.; McCallum, Richard W.
The Lancet, v340, n8833, p1447(6)
Dec 12,
1992

PUBLICATION FORMAT: Magazine/Journal ISSN: 0099-5355 LANGUAGE: English
RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Professional
WORD COUNT: 4118 LINE COUNT: 00378

ABSTRACT: The treatment of irritable bowel syndrome (IBS) may vary depending on the symptoms experienced by the individual patient. IBS is a gastrointestinal disorder that affects up to 20% of the population in the western world. It is characterized by symptoms such as abdominal pain, swelling of the abdomen and difficulties associated with defecation such as constipation or diarrhea. Patients suffering from these types of symptoms are usually diagnosed with IBS on the basis of their medical history. Patients usually undergo several different types of tests to rule out other more serious disorders. IBS is difficult to treat. Individuals with IBS experience a wide variety of symptoms and may respond differently to drugs used to treat IBS. They may be placed in different treatment groups based on their symptoms and possible causes of their disease. Psychosocial factors may play an important role in the development of IBS in some patients.

SPECIAL FEATURES: illustration; table; chart

DESCRIPTORS: Irritable bowel syndrome--Care and treatment; Gastrointestinal diseases--Care and treatment

FILE SEGMENT: HI File 149

3/5/9 (Item 3 from file: 149)

DIALOG(R) File 149:TGG Health&Wellness DB(SM)

(c) 2006 The Gale Group. All rts. reserv.

01252330 SUPPLIER NUMBER: 09143916 (USE FORMAT 7 OR 9 FOR FULL TEXT)

Hastening gut transit. (editorial)

The Lancet, v336, n8721, p974(2)

Oct 20,
1990

DOCUMENT TYPE: editorial **PUBLICATION FORMAT:** Magazine/Journal **ISSN:**

0099-5355 **LANGUAGE:** English **RECORD TYPE:** Fulltext; Abstract

TARGET AUDIENCE: Professional

WORD COUNT: 945 **LINE COUNT:** 00109

ABSTRACT: Many diseases and conditions are improved when transit time through the gastrointestinal (GI) tract is decreased. Prokinetic agents that hasten GI transit time are under development, and will offer new approaches to treating conditions with symptoms related to hypomotility (decreased movement or action of intestinal smooth muscle). Because many cell receptors that modulate GI function have been identified, the prokinetic agents focus on receptor types. One condition that may benefit from new treatments is gastroesophageal reflux (heartburn), which results when the contents of the stomach flow back into the esophagus, causing pain and, in extreme cases, inflammation and esophageal ulcers. While poor gastric emptying in surgical patients and diabetics, and slow colonic transit time in some patients with constipation may be relieved by agents that decrease GI transit time, an even wider market for the new agents may exist in the treatment of nausea and vomiting. Motilin increases motor activity in the stomach and small bowel by stimulating excitatory receptors and releasing acetylcholine. Cholecystokinin (CCK) receptors are present on smooth muscle cells found in many regions of the GI tract. CCK analogs hasten transit through the small intestine by stimulating smooth muscle and releasing acetylcholine. Cisapride enhances the release of acetylcholine, promotes healing of mild esophagitis, and improves symptoms in patients with diabetic gastroparesis (lack of movement of the intestines). It also seems to alleviate constipation and reduce dependence on laxatives, but has not been compared with other treatments. Researchers have evaluated the use of prokinetic agents for the treatment of patients with rare conditions. Controlled trials are needed before these drugs can be used by

patients with uncomfortable, nonlife-threatening conditions, such as gastroesophageal reflux or irritable bowel syndrome. (Consumer Summary produced by Reliance Medical Information, Inc.)

DESCRIPTORS: Gastroesophageal reflux--Drug therapy; Gastrointestinal system--Effect of drugs on; Gastrointestinal agents--Innovations; Gastrointestinal system--Motility; Constipation--Drug therapy

FILE SEGMENT: HI File 149

3/5/10 (Item 1 from file: 399)
DIALOG(R) File 399:CA SEARCH(R)
(c) 2006 American Chemical Society. All rts. reserv.

143416253 CA: 143(23)416253r PATENT
Combination of proton pump inhibitor, buffering agent, and prokinetic agent for treatment of gastric diseases

INVENTOR(AUTHOR): Proehl, Gerald T.; Hall, Warren; Olmstead, Kay; Hepburn, Bonnie

LOCATION: USA

ASSIGNEE: Santarus, Inc.

PATENT: U.S. Pat. Appl. Publ. ; US 20050239845 A1 DATE: 20051027

APPLICATION: US 2005107349 (20050415) *US 2004PV562820 (20040416)

PAGES: 34 pp. CODEN: USXXCO LANGUAGE: English

PATENT CLASSIFICATIONS:

CLASS: 514338000; A61K-031/4439A

SECTION:

CA201009 Pharmacology

CA263XXX Pharmaceuticals

IDENTIFIERS: proton pump inhibitor prokinetic agent combination therapy
gastric disease

DESCRIPTORS:

Gastrointestinal motility...

antimotility agents; combination of proton pump inhibitor, buffering agent, and prokinetic agent

Drug delivery systems...

caplets; combination of proton pump inhibitor, buffering agent, and prokinetic agent

Drug delivery systems...

capsules; combination of proton pump inhibitor, buffering agent, and prokinetic agent

Acrylic polymers, biological studies... Buffers... Prokinetic agents...

Stability... pH... Monoglycerides... Glycerides, biological studies... 5-HT antagonists... Dietary fiber... Antiulcer agents... Gastrointestinal agents

... Esophagus, disease... Dyspepsia... Antacids... Combination chemotherapy

... Polyoxyalkylenes, biological studies...

combination of proton pump inhibitor, buffering agent, and prokinetic agent

Ulcer...

duodenal; combination of proton pump inhibitor, buffering agent, and prokinetic agent

Intestine, disease...

duodenum, ulcer; combination of proton pump inhibitor, buffering agent, and prokinetic agent

Drug delivery systems...

effervescent; combination of proton pump inhibitor, buffering agent, and prokinetic agent

Esophagus, disease... Inflammation...

esophagitis, erosive; combination of proton pump inhibitor, buffering agent, and prokinetic agent

Coating materials...

gastric resistant, controlled-release, enzymic-controlled, film, sustained-release, immediate-release, and delayed-release; combination of proton pump inhibitor, buffering agent, and prokinetic agent

Ulcer...

gastric; combination of proton pump inhibitor, buffering agent, and prokinetic agent

Digestive tract,disease...

gastroesophageal reflux, and poorly responsive symptomatic gastroesophageal reflux disease; combination of proton pump inhibitor, buffering agent, and prokinetic agent

Osmosis...

luminally active osmotic agents; combination of proton pump inhibitor, buffering agent, and prokinetic agent

Encapsulation...

microencapsulation; combination of proton pump inhibitor, buffering agent, and prokinetic agent

Drug delivery systems...

microspheres; combination of proton pump inhibitor, buffering agent, and prokinetic agent

Drug delivery systems...

oral; combination of proton pump inhibitor, buffering agent, and prokinetic agent

Drug delivery systems...

parenterals; combination of proton pump inhibitor, buffering agent, and prokinetic agent

Disease,animal...

pathol. gastrointestinal hypersecretory disease; combination of proton pump inhibitor, buffering agent, and prokinetic agent

Gastric juice...

pH; combination of proton pump inhibitor, buffering agent, and prokinetic agent

Effervescent materials...

pharmaceuticals; combination of proton pump inhibitor, buffering agent, and prokinetic agent

Drug delivery systems...

powders; combination of proton pump inhibitor, buffering agent, and prokinetic agent

Drug delivery systems...

prodrugs; combination of proton pump inhibitor, buffering agent, and prokinetic agent

Transport proteins...

proton pump; combination of proton pump inhibitor, buffering agent, and prokinetic agent

Digestive tract,disease...

pyrosis; combination of proton pump inhibitor, buffering agent, and prokinetic agent

Laxatives...

saline; combination of proton pump inhibitor, buffering agent, and prokinetic agent

Drug delivery systems...

suspensions; combination of proton pump inhibitor, buffering agent, and prokinetic agent

Drug delivery systems...

tablets, chewable, normal and bite-disintegration; combination of proton pump inhibitor, buffering agent, and prokinetic agent

Drug delivery systems...

tablets; combination of proton pump inhibitor, buffering agent, and prokinetic agent

Stomach,disease...

ulcer; combination of proton pump inhibitor, buffering agent, and prokinetic agent

Pancreas,neoplasm...

Zollinger-Ellison syndrome; combination of proton pump inhibitor, buffering agent, and prokinetic agent

CAS REGISTRY NUMBERS:

144-55-8 471-34-1 7440-69-9 7487-88-9 biological studies, combination of proton pump inhibitor, buffering agent, and prokinetic agent

9005-25-8 biological studies, modified food; combination of proton pump inhibitor, buffering agent, and prokinetic agent
73590-58-6 364-62-5 81098-60-4 112885-41-3 57808-66-9 55905-53-8
83863-69-8 22204-53-1 99614-02-5 92340-57-3 119141-88-7
113712-98-4 103577-45-3 102625-70-7 117976-89-3 350507-35-6
161973-10-0 832103-67-0 117976-90-6 104340-86-5 9004-65-3
9004-57-3 9002-89-5 9004-62-0 9004-32-4 25322-68-3 9004-38-0
12619-70-4 1309-42-8 109889-09-0 115956-12-2 9003-97-8 53179-11-6
4205-90-7 7632-05-5 1264-62-6 3847-29-8 674-38-4 590-63-6 59-99-4
combination of proton pump inhibitor, buffering agent, and prokinetic agent
25322-68-3D copolymers, combination of proton pump inhibitor, buffering agent, and prokinetic agent
9000-83-3 hydrogen ion-translocating, inhibitors; combination of proton pump inhibitor, buffering agent, and prokinetic agent
9004-64-2 Nisso HPC; combination of proton pump inhibitor, buffering agent, and prokinetic agent
7082-71-5 Phylum; combination of proton pump inhibitor, buffering agent, and prokinetic agent

3/5/11 (Item 2 from file: 399)
DIALOG(R) File 399:CA SEARCH(R)
(c) 2006 American Chemical Society. All rts. reserv.

131223297 CA: 131(17)223297b JOURNAL
Pharmacological properties of a novel gastrointestinal prokinetic benzamide selective for human 5-HT4receptor versus human 5-HT3receptor
AUTHOR(S): Nagakura, Yukinori; Akuzawa, Shinobu; Miyata, Keiji; Kamato, Takeshi; Suzuki, Takeshi; Ito, Hiroyuki; Yamaguchi, Tokio
LOCATION: Neuroscience Research, Pharmacological Laboratories, Institute for Drug Discovery Research, Yamanouchi Pharmaceutical Co. Ltd, Tsukuba, Japan,
JOURNAL: Pharmacol. Res. DATE: 1999 VOLUME: 39 NUMBER: 5 PAGES:
375-382 CODEN: PHMREP ISSN: 1043-6618 LANGUAGE: English PUBLISHER:
Academic Press
SECTION:
CA201009 Pharmacology
IDENTIFIERS: gastrointestinal prokinetic benzamide 5HT4 5HT3 receptor
DESCRIPTORS:
Intestine,disease...
constipation; gastrointestinal prokinetic benzamide selectivity for human 5-HT4/5-HT3receptors
Gastrointestinal motility... Laxatives...
gastrointestinal prokinetic benzamide selectivity for human 5-HT4/5-HT3receptors
5-HT receptors...
5-HT3; gastrointestinal prokinetic benzamide selectivity for human 5-HT4/5-HT3receptors
5-HT receptors...
5-HT4; gastrointestinal prokinetic benzamide selectivity for human 5-HT4/5-HT3receptors
CAS REGISTRY NUMBERS:
81098-60-4 90182-92-6 112727-80-7 220850-98-6 gastrointestinal prokinetic benzamide selectivity for human 5-HT4/5-HT3receptors

3/5/12 (Item 3 from file: 399)
DIALOG(R) File 399:CA SEARCH(R)
(c) 2006 American Chemical Society. All rts. reserv.

126014203 CA: 126(2)14203a JOURNAL
Recent advances in the pharmacology of gastrointestinal prokinetics
AUTHOR(S): Tonini, Marcelllo

LOCATION: Department Internal Medicine and Therapeutics, University Pavia
, I-27100, Pavia, Italy
JOURNAL: Pharmacol. Res. DATE: 1996 VOLUME: 33 NUMBER: 4/5 PAGES:
217-226 CODEN: PHMREP ISSN: 1043-6618 LANGUAGE: English PUBLISHER:
Academic
SECTION:
CA201000 Pharmacology
IDENTIFIERS: review gastrointestinal prokinetic drug
DESCRIPTORS:
5-HT4 receptors...
agonists; recent advances in the pharmacol. of gastrointestinal prokinetics
Gastrointestinal hormone receptors...
motilin, agonists; recent advances in the pharmacol. of gastrointestinal prokinetics
Gastrointestinal drugs...
prokinetics; recent advances in the pharmacol. of gastrointestinal prokinetics
Colon... Laxatives...
recent advances in the pharmacol. of gastrointestinal prokinetics
CAS REGISTRY NUMBERS:
125978-95-2 inhibitors; recent advances in the pharmacol. of gastrointestinal prokinetics

3/5/13 (Item 1 from file: 444)
DIALOG(R) File 444:New England Journal of Med.
(c) 2006 Mass. Med. Soc. All rts. reserv.

00124422
Copyright 2003 by the Massachusetts Medical Society

Drug Therapy: Irritable Bowel Syndrome (Review Article)

Mertz, Howard R.
The New England Journal of Medicine
Nov 27, 2003; 349 (22), pp 2136-2146
LINE COUNT: 00549 WORD COUNT: 07584
ISSN: 0028-4793

CORPORATE SOURCE: From the Department of Medicine, Division of Gastroenterology, and the Department of Radiology and Radiological Sciences, Vanderbilt University, Nashville. Address reprint requests to Dr. Mertz at Nashville Gastrointestinal Specialists, 4230 Harding Rd., Suite 309 W., Nashville, TN 37205.

CITED REFERENCES

1. Drossman DA, Andruzzi E, Temple RD, et al. U.S. householder survey of functional gastrointestinal disorders: prevalence, sociodemography, and health impact. *Dig Dis Sci* 1993;38:1569-80.
2. Thompson WG, Longstreth GF. Functional bowel disorders. In: Drossman DA, Corraffiari E, Talley NJ, Thompson WG, Whitehead WE, eds. *Rome II: the functional gastrointestinal disorders*. 2nd ed. McLean, Va.: Degnon, 2000:351-96.
3. Vanner SJ, Depew WT, Paterson WG, et al. Predictive value of the Rome criteria for diagnosing the irritable bowel syndrome. *Am J Gastroenterol* 1999;94:2912-7.
4. Tolleiver BA, Herrera JL, DiPalma JA. Evaluation of patients who meet clinical criteria for irritable bowel syndrome. *Am J Gastroenterol* 1994;89:176-8.
5. Drossman DA, McKee DC, Sandler RS, et al. Psychological factors in the irritable bowel syndrome: a multivariate study of patients and nonpatients with irritable bowel syndrome. *Gastroenterology* 1988;95:701-8.

6. Talley NJ, Boyce PM, Jones M. Predictors of health care seeking for irritable bowel syndrome: a population based study. *Gut* 1997;41:394-8.
7. Drossman DA, Patrick DL, Whitehead WE, et al. Further validation of the IBS-QOL: a disease-specific quality-of-life questionnaire. *Am J Gastroenterol* 2000;95:999-1007.
8. Gralnek IM, Hays RD, Kilbourne A, Naliboff B, Mayer EA. The impact of irritable bowel syndrome on health-related quality of life. *Gastroenterology* 2000;119:654-60.
9. El-Serag H, Olden K, Bjorkman D. Health-related quality of life among persons with irritable bowel syndrome: a systematic review. *Aliment Pharmacol Ther* 2002;16:1171-85.
10. Whitehead WE, Bosmajian L, Zonderman AB, Costa PT Jr, Schuster MM. Symptoms of psychologic distress associated with irritable bowel syndrome: comparison of community and medical clinical samples. *Gastroenterology* 1988;95:709-14.
11. Bennett EJ, Tennant CC, Piesse C, Badcock C-A, Kellow JE. Level of chronic life stress predicts clinical outcome in irritable bowel syndrome. *Gut* 1998;43:256-61.
12. Rogers J, Henry MM, Misiewicz JJ. Increased segmental activity and intraluminal pressures in the sigmoid colon of patients with the irritable bowel syndrome. *Gut* 1989;30:634-41.
13. Ritchie J. Pain from distension of the pelvic colon by inflating a balloon in the irritable colon syndrome. *Gut* 1973;14:125-32.
14. Kellow JE, Phillips SF. Altered small bowel motility in irritable bowel syndrome is correlated with symptoms. *Gastroenterology* 1987;92:1885-93.
15. McKee DP, Quigley EMM. Intestinal motility in irritable bowel syndrome: is IBS a motility disorder? 1. Definition of IBS and colonic motility. *Dig Dis Sci* 1993;38:1761-72.
16. Mertz H, Naliboff B, Munakata J, Niazi N, Mayer EA. Altered rectal perception is a biological marker of patients with irritable bowel syndrome. *Gastroenterology* 1995;109:40-52. Erratum, *Gastroenterology* 1997;113:1054.]
17. Rao SSC, Hatfield RA, Suls JM, Chamberlain MJ. Psychological and physical stress induce differential effects on human colonic motility. *Am J Gastroenterol* 1998;93:985-90.
18. Ford MJ, Camilleri M, Zinsmeister AR, Hanson RB. Psychosensory modulation of colonic sensation in the human transverse and sigmoid colon. *Gastroenterology* 1995;109:1772-80.
19. Welgan P, Meshkinpour H, Beeler M. Effect of anger on colon motor and myoelectric activity in irritable bowel syndrome. *Gastroenterology* 1988;94:1150-6.
20. Stam R, Croiset G, Akkermans LMA, Wiegant VM. Sensitization of the colonic response to novel stress after previous stressful experience. *Am J Physiol* 1996;271:R1270-R1273.
21. Al-Chaer ED, Kawasaki M, Pasricha PJ. A new model of chronic visceral hypersensitivity in adult rats induced by colon irritation during postnatal development. *Gastroenterology* 2000;119:1275-85.
22. Fukudo S, Nomura T, Hongo M. Impact of corticotropin-releasing hormone on gastrointestinal motility and adrenocorticotrophic hormone in normal controls and patients with irritable bowel syndrome. *Gut* 1998;42:845-9.
23. Owens DM, Nelson DK, Talley NJ. The irritable bowel syndrome: long-term prognosis and the physician-patient interaction. *Ann Intern Med* 1995;122:107-12.
24. Nanda R, James R, Smith H, Dudley CR, Jewell DP. Food intolerance and the irritable bowel syndrome. *Gut* 1989;30:1099-104.
25. Serra J, Salvioli B, Azpiroz F, Malagelada J-R. Lipid-induced intestinal gas retention in irritable bowel syndrome. *Gastroenterology* 2002;123:700-6.
26. Colwell LJ, Prather CM, Phillips SF, Zinsmeister AR. Effects of an irritable bowel syndrome educational class on health-promoting behaviors and symptoms. *Am J Gastroenterol* 1998;93:901-5.
27. Camilleri M, Mayer EA, Drossman DA, et al. Improvement of pain and bowel function in female irritable bowel patients with alosetron, a ***5*** - ***HT3*** receptor antagonist. *Aliment Pharmacol Ther*

1999;13:1149-59.

- 28. Muller-Lissner SA, Fumagalli I, Bardhan KD, et al. Tegaserod, a 5α -HT(4) receptor partial agonist, relieves symptoms in irritable bowel syndrome patients with abdominal pain, bloating and constipation. *Aliment Pharmacol Ther* 2001;15:1655-66.
- 29. Muller-Lissner SA. Effect of wheat bran on weight of stool and gastrointestinal transit time: a meta analysis. *Br Med J (Clin Res Ed)* 1988;296:615-7.
- 30. Lucey MR, Clark ML, Lowndes JO, Dawson AM. Is bran efficacious in irritable bowel syndrome? A double blind placebo controlled crossover study. *Gut* 1987;28:221-5.
- 31. Prior A, Whorwell PJ. Double blind study of ispaghula in irritable bowel syndrome. *Gut* 1987;28:1510-3.
- 32. Cann PA, Read NW, Holdsworth CD. What is the benefit of coarse wheat bran in patients with irritable bowel syndrome? *Gut* 1984;25:168-73.
- 33. Francis CY, Whorwell PJ. Bran and irritable bowel syndrome: time for reappraisal. *Lancet* 1994;344:39-40.
- 34. Guthrie E, Creed F, Dawson D, Tomenson B. A controlled trial of psychological treatment for the irritable bowel syndrome. *Gastroenterology* 1991;100:450-7.
- 35. Whorwell PJ, Prior A, Faragher EB. Controlled trial of hypnotherapy in the treatment of severe refractory irritable-bowel syndrome. *Lancet* 1984;2:1232-4.
- 36. Svedlund J, Sjodin I, Ottosson J-O, Dotevall G. Controlled study of psychotherapy in irritable bowel syndrome. *Lancet* 1983;2:589-92.
- 37. Heymann-Monnikes I, Arnold R, Florin I, Herda C, Melfsen S, Monnikes H. The combination of medical treatment plus multicomponent behavior therapy is superior to medical treatment alone in the therapy of irritable bowel syndrome. *Am J Gastroenterol* 2000;95:981-94.
- 38. Talley NJ, Owen BK, Boyce P, Paterson K. Psychological treatments for irritable bowel syndrome: a critique of controlled treatment trials. *Am J Gastroenterol* 1996;91:277-83.
- 39. Drossman DA, Toner BB, Whitehead WE, et al. Cognitive-behavioral therapy versus education and desipramine versus placebo for moderate to severe functional bowel disorders. *Gastroenterology* 2003;125:19-31.
- 40. Mertz H, Naliboff B, Mayer EA. Symptoms and physiology in severe chronic constipation. *Am J Gastroenterol* 1999;94:131-8.
- 41. Mertz H, Naliboff B, Mayer EA. Physiology of refractory chronic constipation. *Am J Gastroenterol* 1999;94:609-15.
- 42. Attar A, Lemann M, Ferguson A, et al. Comparison of a low dose polyethylene glycol electrolyte solution with lactulose for treatment of chronic constipation. *Gut* 1999;44:226-30.
- 43. Corazziari E, Badiali D, Bazzocchi G, et al. Long term efficacy, safety, and tolerability of low daily doses of isosmotic polyethylene glycol electrolyte balanced solution (PMF-100) in the treatment of functional chronic constipation. *Gut* 2000;46:522-6.
- 44. Smith BA. Effect of irritant purgatives on the myenteric plexus in man and the mouse. *Gut* 1968;9:139-43.
- 45. Cann PA, Read NW, Holdsworth CD, Barends D. Role of loperamide and placebo in management of irritable bowel syndrome (IBS). *Dig Dis Sci* 1984;29:239-47.
- 46. Sciarretta G, Furno A, Mazzoni M, Malaguti P. Post-cholecystectomy diarrhea: evidence of bile acid malabsorption assessed by SeHCAT test. *Am J Gastroenterol* 1992;87:1852-4.
- 47. Chey WY, Jin HO, Lee MH, et al. Colonic motility abnormality in patients with irritable bowel syndrome exhibiting abdominal pain and diarrhea. *Am J Gastroenterol* 2001;96:1499-506.
- 48. Sullivan MA, Cohen S, Snape WJ Jr. Colonic myoelectrical activity in irritable-bowel syndrome: effect of eating and anticholinergics. *N Engl J Med* 1978;298:878-83.
- 49. Poynard T, Regimbeau C, Benhamou Y. Meta-analysis of smooth muscle relaxants in the treatment of irritable bowel syndrome. *Aliment Pharmacol Ther* 2001;15:355-61.
- 50. Jailwala J, Imperiale TF, Kroenke K. Pharmacologic treatment of the

irritable bowel syndrome: a systematic review of randomized, controlled trials. *Ann Intern Med* 2000;133:136-47.

51. Jackson JL, O'Malley PG, Tomkins G, Balden E, Santoro J, Kroenke K. Treatment of functional gastrointestinal disorders with antidepressant medications: a meta-analysis. *Am J Med* 2000;108:65-72.
52. Novick J, Miner P, Krause R, et al. A randomized, double-blind, placebo-controlled trial of tegaserod in female patients suffering from irritable bowel syndrome with constipation. *Aliment Pharmacol Ther* 2002;16:1877-88.
53. Kellow J, Lee OY, Chang FY, et al. An Asia-Pacific, double blind, placebo controlled, randomised study to evaluate the efficacy, safety, and tolerability of tegaserod in patients with irritable bowel syndrome. *Gut* 2003;52:671-6.
54. Camilleri M, Chey WY, Mayer EA, et al. A randomized controlled clinical trial of the serotonin type 3 receptor antagonist alosetron in women with diarrhea-predominant irritable bowel syndrome. *Arch Intern Med* 2001;161:1733-40.
55. Camilleri M, Northcutt AR, Kong S, Dukes GE, McSorley D, Mangel AW. Efficacy and safety of alosetron in women with irritable bowel syndrome: a randomised, placebo-controlled trial. *Lancet* 2000;355:1035-40.
56. Jones RH, Holtmann G, Rodrigo L, et al. Alosetron relieves pain and improves bowel function compared with mebeverine in female nonconstipated irritable bowel syndrome patients. *Aliment Pharmacol Ther* 1999;13:1419-27.
57. Poynard T, Naveau S, Mory B, et al. Meta-analysis of smooth muscle relaxants in the treatment of irritable bowel syndrome. *Aliment Pharmacol Ther* 1994;8:499-510.
58. Rhodes JB, Abrams JH, Manning RT. Controlled clinical trial of sedative-anticholinergic drugs in patients with the irritable bowel syndrome. *J Clin Pharmacol* 1978;18:340-5.
59. Lichstein J, Mayer JD. Drug therapy in the unstable bowel (irritable colon): a 15-month double blind clinical study in 75 cases of response to a prolonged-acting belladonna alkaloid-phenobarbital mixture or placebo. *J Chronic Dis* 1959;9:394-404.
60. King JC. Anisotropine methylbromide for relief of gastrointestinal spasm: double-blind crossover comparison study with belladonna alkaloids and phenobarbital. *Curr Ther Res Clin Exp* 1966;8:535-41.
61. Narducci F, Snape WJ, Battle WM, London RL, Cohen S. Increased colonic motility during exposure to a stressful situation. *Dig Dis Sci* 1985;30:40-4.
62. Walsh TD. Antidepressants in chronic pain. *Clin Neuropharmacol* 1983;6:271-95.
63. Max MB, Culnane M, Schafer SC, et al. Amitriptyline relieves diabetic neuropathy pain in patients with normal or depressed mood. *Neurology* 1987;37:589-96.
64. McQuay HJ, Moore RA. Antidepressants and chronic pain. *BMJ* 1997;314:763-4.
65. Su X, Gebhart GF. Effects of tricyclic antidepressants on mechanosensitive pelvic nerve afferent fibers innervating the rat colon. *Pain* 1998;76:105-14.
66. Botney M, Fields HL. Amitriptyline potentiates morphine analgesia by a direct action on the central nervous system. *Ann Neurol* 1983;13:160-4.
67. Gorelick AB, Koshy SS, Hooper FG, Bennett TC, Chey WD, Hasler WL. Differential effects of amitriptyline on perception of somatic and visceral stimulation in healthy humans. *Am J Physiol* 1998;275:G460-G466.
68. Poulsen L, Arendt-Nielsen L, Brosen K, Nielsen KK, Gram LF, Sindrup SH. The hypoalgesic effect of imipramine in different human experimental pain models. *Pain* 1995;60:287-93.
69. Peghini PL, Katz PO, Castell DO. Imipramine decreases oesophageal pain perception in human male volunteers. *Gut* 1998;42:807-13.
70. Mertz HM, Fass R, Kodner A, Yan-Go F, Fullerton S, Mayer EA. Effect of amitriptyline on symptoms, sleep, and visceral perception in patients

with functional dyspepsia. *Am J Gastroenterol* 1998;93:160-5.

71. Poitras P, Riberdy Poitras M, Plourde V, Boivin M, Verrier P. Evolution of visceral sensitivity in patients with irritable bowel syndrome. *Dig Dis Sci* 2002;47:914-20.

72. Greengaum DS, Mayle JE, Vanegeren LE, et al. Effects of desipramine on irritable bowel syndrome compared with atropine and placebo. *Dig Dis Sci* 1987;32:257-66.

73. Lancaster-Smith MJ, Prout BJ, Pinto T, Anderson JA, Schiff AA. Influence of drug treatment on the irritable bowel syndrome and its interaction with psychoneurotic morbidity. *Acta Psychiatr Scand* 1982;66:33-41.

74. Glatzle RG, Sternini C, Robin C, et al. Expression of ***5*** - ***HT3*** receptors in the rat gastrointestinal tract. *Gastroenterology* 2002;123:217-26.

75. Jin JG, Foxx-Orenstein AE, Grider JR. Propulsion in guinea pig colon induced by 5-hydroxytryptamine (HT) via 5-HT4 and 5- ***HT3*** receptors. *J Pharmacol Exp Ther* 1999;288:93-7.

76. Talley NL, Phillips SF, Haddad A, et al. GR 38032F (ondansetron), a selective 5HT3 receptor antagonist, slows colonic transit in healthy man. *Dig Dis Sci* 1990;35:477-80.

77. Bjornsson ES, Chey WD, Ladabaum U, et al. Differential ***5*** - HT3 mediation of human gastrocolonic response and colonic peristaltic reflex. *Am J Physiol* 1998;275:G498-G505.

78. Gunput MD. Clinical pharmacology of alosetron. *Aliment Pharmacol Ther* 1999;13:Suppl 2:70-6.

79. Delvaux M, Louvel D, Mamet JP, Campos-Oriola R, Frexinos J. Effect of alosetron on responses to colonic distension in patients with irritable bowel syndrome. *Aliment Pharmacol Ther* 1998;12:849-55.

80. Miura M, Lawson DC, Clary EM, Mangel AW, Pappas TN. Central modulation of rectal distension-induced blood pressure changes by alosetron, a ***5*** - ***HT3*** receptor antagonist. *Dig Dis Sci* 1999;44:20-4.

81. Prior A, Read NW. Reduction of rectal sensitivity and post-prandial motility by granisetron, a 5-HT3-receptor antagonist in patients with irritable bowel syndrome. *Aliment Pharmacol Ther* 1993;7:175-80.

82. Kozlowski CM, Green A, Grundy D, Boissonade FM, Bountra C. The ***5*** - HT(3) receptor antagonist alosetron inhibits the colorectal distension induced depressor response and spinal c-fos expression in the anaesthetized rat. *Gut* 2000;46:474-80.

83. Watson ME, Lacey L, Kong S, et al. Alosetron improves quality of life in women with diarrhea-predominant irritable bowel syndrome. *Am J Gastroenterol* 2001;96:455-9.

84. Friedel D, Thomas R, Fisher RS. Ischemic colitis during treatment with alosetron. *Gastroenterology* 2001;120:557-60.

85. Medication guide for Lotronex tablets (alosetron hydrochloride). 2002. (Accessed October 30, 2003, at <http://www.fda.gov/cder/drug/infopage/lotronex/medguide060502.htm.>)

86. Prescribing program for Lotronex: physician attestation of qualifications and acceptance of responsibilities. 2002. (Accessed October 30, 2003, at <http://www.fda.gov/cder/drug/infopage/lotronex/physicianagreement0602.htm.>)

87. Grider JR, Foxx-Orenstein AE, Jin JG. 5-Hydroxytryptamine4 receptor agonists initiate the peristaltic reflex in human, rat, and guinea pig intestine. *Gastroenterology* 1998;115:370-80.

88. Foxx-Orenstein AE, Kuemmerle JF, Grider JR. Distinct ***5*** - ***HT*** receptors mediate the peristaltic reflex induced by mucosal stimuli in human and guinea pig intestine. *Gastroenterology* 1996;111:1281-90.

89. Degen L, Matzinger D, Merz M, et al. Tegaserod, a ***5*** - ***HT4*** receptor partial agonist, accelerates gastric emptying and gastrointestinal transit in healthy male subjects. *Aliment Pharmacol Ther* 2001;15:1745-51.

90. Prather CM, Camilleri M, Zinsmeister AR, McKinzie S, Thomforde G. Tegaserod accelerates orocecal transit in patients with

constipation-predominant irritable bowel syndrome. *Gastroenterology* 2000;118:463-8.

91. FDA approves first treatment for women with constipation-predominant irritable bowel syndrome. FDA talk paper. July 24, 2002. (Accessed October 30, 2003, at <http://www.fda.gov/bbs/topics/ANSWERS/2002/ANS01160.html>.)
92. Pimentel M, Chow EJ, Lin HC. Eradication of small intestinal bacterial overgrowth reduces symptoms of irritable bowel syndrome. *Am J Gastroenterol* 2000;95:3503-6.
93. Pimentel M, Chow EJ, Lin HC. Normalization of lactulose breath testing correlates with symptom improvement in irritable bowel syndrome: a double-blind, randomized, placebo-controlled study. *Am J Gastroenterol* 2003;98:412-9.
94. Bensoussan A, Talley NJ, Hing M, Menzies R, Guo A, Ngu M. Treatment of irritable bowel syndrome with Chinese herbal medicine: a randomized controlled trial. *JAMA* 1998;280:1585-9.
95. Pittler MH, Ernst E. Peppermint oil for irritable bowel syndrome: a critical review and metaanalysis. *Am J Gastroenterol* 1998;93:1131-5.
96. Mathias JR, Clench MH, Reeves-Darby VG, et al. Effect of leuprolide acetate in patients with moderate to severe functional bowel disease: double-blind, placebo-controlled study. *Dig Dis Sci* 1994;39:1155-62.
97. Mathias JR, Clench MH, Abell TL, et al. Effect of leuprolide acetate in treatment of abdominal pain and nausea in premenopausal women with functional bowel disease: a double-blind, placebo-controlled, randomized study. *Dig Dis Sci* 1998;43:1347-55.
98. Kim HJ, Camilleri M, McKinzie S, et al. A randomized controlled trial of a probiotic, VSL#3, on gut transit and symptoms in diarrhoea-predominant irritable bowel syndrome. *Aliment Pharmacol Ther* 2003;17:895-904.
99. Drossman DA, Camilleri M, Mayer EA, Whitehead WE. AGA technical review on irritable bowel syndrome. *Gastroenterology* 2002;123:2108-31.
100. Horwitz BJ, Fisher RS. The irritable bowel syndrome. *N Engl J Med* 2001;344:1846-50.
101. Thompson WG. A strategy for management of the irritable bowel. *Am J Gastroenterol* 1986;81:95-100.
102. Jones J, Boorman J, Cann P, et al. British Society of Gastroenterology guidelines for the management of the irritable bowel syndrome. *Gut* 2000;47:Suppl 2:ii1-ii19.

* * USE FORMAT 9 FOR FULL TEXT OF ARTICLE * *

3/5/14 (Item 2 from file: 444)
 DIALOG(R) File 444:New England Journal of Med.
 (c) 2006 Mass. Med. Soc. All rts. reserv.

00124229
 Copyright 2003 by the Massachusetts Medical Society

Current Concepts: Chronic Constipation (Review Article)

Lembo, Anthony; Camilleri, Michael.
 The New England Journal of Medicine
 Oct 2, 2003; 349 (14), pp 1360-1368
 LINE COUNT: 00400 WORD COUNT: 05523
 ISSN: 0028-4793
 CORPORATE SOURCE: From the Gastroenterology Division, Beth Israel Deaconess Medical Center, Boston (A.L.); and the Gastroenterology Division, Mayo Clinic, Rochester, Minn. (M.C.). Address reprint requests to Dr. Lembo at the Gastroenterology Division, Beth Israel Deaconess Medical Center, Dana 501, 330 Brookline Ave., Boston, MA 02215, or at alembo@bidmc.harvard.edu.

CITED REFERENCES

|

1. Stewart WF, Liberman JN, Sandler RS, et al. Epidemiology of constipation (EPOC) study in the United States: relation of clinical subtypes to sociodemographic features. *Am J Gastroenterol* 1999;94:3530-40.
2. Sonnenberg A, Koch TR. Physician visits in the United States for constipation: 1958 to 1986. *Dig Dis Sci* 1989;34:606-11.
3. Pare P, Ferrazzi S, Thompson WG, Irvine EJ, Rance L. An epidemiological survey of constipation in Canada: definitions, rates, demographics, and predictors of health care seeking. *Am J Gastroenterol* 2001;96:3130-7.
4. Heaton KW, Radvan J, Cripps H, Mountford RA, Braddon FE, Hughes AO. Defecation frequency and timing, and stool form in the general population: a prospective study. *Gut* 1992;33:818-24.
5. Johanson JF, Sonnenberg A, Koch TR. Clinical epidemiology of chronic constipation. *J Clin Gastroenterol* 1989;11:525-36.
6. Nyam DC, Pemberton JH, Ilstrup DM, Rath DM. Long-term results of surgery for chronic constipation. *Dis Colon Rectum* 1997;40:273-9. Erratum, *Dis Colon Rectum* 1997;40:529.]
7. Everhart JE, Go VL, Johannes RS, Fitzsimmons SC, Roth HP, White LR. A longitudinal survey of self-reported bowel habits in the United States. *Dig Dis Sci* 1989;34:1153-62.
8. Sandler RS, Drossman DA. Bowel habits in young adults not seeking health care. *Dig Dis Sci* 1987;32:841-5.
9. Koch A, Voderholzer WA, Klauser AG, Muller-Lissner S. Symptoms in chronic constipation. *Dis Colon Rectum* 1997;40:902-6.
10. Thompson WG, Longstreth GF, Drossman DA, Heaton KW, Irvine EJ, Muller-Lissner SA. Functional bowel disorders and functional abdominal pain. *Gut* 1999;45:Suppl 2:II-43-II-47.
11. Ashraf W, Park F, Lof J, Quigley EM. An examination of the reliability of reported stool frequency in the diagnosis of idiopathic constipation. *Am J Gastroenterol* 1996;91:26-32.
12. Mertz H, Naliboff B, Mayer E. Physiology of refractory chronic constipation. *Am J Gastroenterol* 1999;94:609-15.
13. Voderholzer WA, Schatke W, Muhldorfer BE, Klauser AG, Birkner B, Muller-Lissner SA. Clinical response to dietary fiber treatment of chronic constipation. *Am J Gastroenterol* 1997;92:95-8.
14. Doig CM. ABC of colorectal diseases: paediatric problems. *BMJ* 1992;305:462-4.
15. Loening-Baucke V. Encopresis and soiling. *Pediatr Clin North Am* 1996;43:279-98.
16. Camilleri M, Thompson WG, Fleshman JW, Pemberton JH. Clinical management of intractable constipation. *Ann Intern Med* 1994;121:520-8.
17. Rao SS, Welcher KD, Leistikow JS. Obstructive defecation: a failure of rectoanal coordination. *Am J Gastroenterol* 1998;93:1042-50.
18. Klauser AG, Voderholzer WA, Heinrich CA, Schindlbeck NE, Muller-Lissner SA. Behavioral modification of colonic function: can constipation be learned? *Dig Dis Sci* 1990;35:1271-5.
19. Preston DM, Lennard-Jones JE. Severe chronic constipation of young women: 'idiopathic slow transit constipation.' *Gut* 1986;27:41-8.
20. Stivland T, Camilleri M, Vassallo M, et al. Scintigraphic measurement of regional gut transit in idiopathic constipation. *Gastroenterology* 1991;101:107-15.
21. O'Brien MD, Camilleri M, von der Ohe MR, et al. Motility and tone of the left colon in constipation: a role in clinical practice? *Am J Gastroenterol* 1996;91:2532-8.
22. Bassotti G, Chiariioni G, Imbimbo BP, et al. Impaired colonic motor response to cholinergic stimulation in patients with severe chronic idiopathic (slow transit type) constipation. *Dig Dis Sci* 1993;38:1040-5.
23. Tzavella K, Riepl RL, Klauser AG, Voderholzer WA, Schindlbeck NE, Muller-Lissner SA. Decreased substance P levels in rectal biopsies from patients with slow transit constipation. *Eur J Gastroenterol Hepatol* 1996;8:1207-11.
24. Cortesini C, Cianchi F, Infantino A, Lise M. Nitric oxide synthase and VIP distribution in enteric nervous system in idiopathic chronic constipation. *Dig Dis Sci* 1995;40:2450-5.

25. He CL, Burgart L, Wang L, et al. Decreased interstitial cell of Cajal volume in patients with slow-transit constipation. *Gastroenterology* 2000;118:14-21.
26. Barnes PR, Lennard-Jones JE, Hawley PR, Todd IP. Hirschsprung's disease and idiopathic megacolon in adults and adolescents. *Gut* 1986;27:534-41.
27. Edery P, Pelet A, Mulligan LM, et al. Long segment and short segment familial Hirschsprung's disease: variable clinical expression at the RET locus. *J Med Genet* 1994;31:602-6.
28. Degen LP, Phillips SF. How well does stool form reflect colonic transit? *Gut* 1996;39:109-13.
29. Harewood GC, Coulie B, Camilleri M, Rath-Harvey D, Pemberton JH. Descending perineum syndrome: audit of clinical and laboratory features and outcome of pelvic floor retraining. *Am J Gastroenterol* 1999;94:126-30.
30. Lieberman DA, Weiss DG. One-time screening for colorectal cancer with combined fecal occult-blood testing and examination of the distal colon. *N Engl J Med* 2001;345:555-60.
31. Hinton JM, Lennard-Jones JE, Young AC. A new method for studying gut transit times using radioopaque markers. *Gut* 1969;10:842-7.
32. Pezim ME, Pemberton JH, Levin KE, Litchy WJ, Phillips SF. Parameters of anorectal and colonic motility in health and in severe constipation. *Dis Colon Rectum* 1993;36:484-91.
33. Diamant NE, Kamm MA, Wald A, Whitehead WE. AGA technical review on anorectal testing techniques. *Gastroenterology* 1999;116:735-60.
34. Fleshman JW, Dreznik Z, Cohen E, Fry RD, Kodner IJ. Balloon expulsion test facilitates diagnosis of pelvic floor outlet obstruction due to nonrelaxing puborectalis muscle. *Dis Colon Rectum* 1992;35:1019-25.
35. Richardson AC. The rectovaginal septum revisited: its relationship to rectocele and its importance in rectocele repair. *Clin Obstet Gynecol* 1993;36:976-83.
36. Young RJ, Beerman LE, Vanderhoof JA. Increasing oral fluids in chronic constipation in children. *Gastroenterol Nurs* 1998;21:156-61.
37. Meshkinpour H, Selod S, Movahedi H, Nami N, James N, Wilson A. Effects of regular exercise in management of chronic idiopathic constipation. *Dig Dis Sci* 1998;43:2379-83.
38. Enck P. Biofeedback training in disordered defecation: a critical review. *Dig Dis Sci* 1993;38:1953-60.
39. Wrenn K. Fecal impaction. *N Engl J Med* 1989;321:658-62.
40. Corazziari E, Badiali D, Habib FI, et al. Small volume isosmotic polyethylene glycol electrolyte balanced solution (PMF-100) in treatment of chronic nonorganic constipation. *Dig Dis Sci* 1996;41:1636-42.
41. Flig E, Hermann TW, Zabel M. Is bisacodyl absorbed at all from suppositories in man? *Int J Pharm* 2000;196:11-20.
42. Everett HC. The use of bethanechol chloride with tricyclic antidepressants. *Am J Psychiatry* 1975;132:1202-4.
43. Ponec RJ, Saunders MD, Kimmey MB. Neostigmine for the treatment of acute colonic pseudo-obstruction. *N Engl J Med* 1999;341:137-41.
44. Verne GN, Eaker EY, Davis RH, Sninsky CA. Colchicine is an effective treatment for patients with chronic constipation: an open-label trial. *Dig Dis Sci* 1997;42:1959-63.
45. Roarty TP, Weber F, Soysan I, McCallum RW. Misoprostol in the treatment of chronic refractory constipation: results of a long-term open label trial. *Aliment Pharmacol Ther* 1997;11:1059-66.
46. Grider JR, Foxx-Orenstein AE, Jin JG. 5-Hydroxytryptamine4 receptor agonists initiate the peristaltic reflex in human, rat, and guinea pig intestine. *Gastroenterology* 1998;115:370-80.
47. Krevsky B, Maurer AH, Malmud LS, Fisher RS. Cisapride accelerates colonic transit in constipated patients with colonic inertia. *Am J Gastroenterol* 1989;84:882-7.
48. Muller-Lissner SA, Fumagalli I, Bardhan KD, et al. Tegaserod, a ***5***-HT(4) receptor partial agonist, relieves symptoms in irritable bowel syndrome patients with abdominal pain, bloating and constipation. *Aliment Pharmacol Ther* 2001;15:1655-66.

49. Badiali D, Marcheggiano A, Pallone F, et al. Melanosis of the rectum in patients with chronic constipation. *Dis Colon Rectum* 1985;28:241-5.
50. van Gorkom BA, de Vries EG, Karrenbeld A, Kleibeuker JH. Anthranoid laxatives and their potential carcinogenic effects. *Aliment Pharmacol Ther* 1999;13:443-52.
51. Pelsang RE, Rao SS, Welcher K. FECOM: a new artificial stool for evaluating defecation. *Am J Gastroenterol* 1999;94:183-6.
52. Koutsomanis D, Lennard-Jones JE, Roy AJ, Kamm MA. Controlled randomised trial of visual biofeedback versus muscle training without a visual display for intractable constipation. *Gut* 1995;37:95-9.
53. Ron Y, Avni Y, Lukovetski A, et al. Botulinum toxin type-A in therapy of patients with anismus. *Dis Colon Rectum* 2001;44:1821-6.
54. Knowles CH, Scott M, Lunni PJ. Outcome of colectomy for slow transit constipation. *Ann Surg* 1999;230:627-38.
55. Redmond JM, Smith GW, Barofsky I, Ratych RE, Goldsborough DC, Schuster MM. Physiological tests to predict long-term outcome of total abdominal colectomy for intractable constipation. *Am J Gastroenterol* 1995;90:748-53.
56. Young-Fadok TM. Raising the bar: laparoscopic resection of colorectal cancer. *Surg Endosc* 2001;15:911-2.
57. Sarles JC, Arnaud A, Selezneff I, Olivier S. Endo-rectal repair of rectocele. *Int J Colorectal Dis* 1989;4:167-71.

* * USE FORMAT 9 FOR FULL TEXT OF ARTICLE * *

Your last SELECT statement was:
S (INTESTIN?(5N)CLEANS?) AND LAXAT?

Ref	Items	File
N1	15	TGG Health&Wellness DB(SM) 1976-2006/May W4
N2	13	399: CA SEARCH(R) 1967-2006/UD=14425
N3	5	155: MEDLINE(R) 1951-2006/Jun 12
N4	3	34: SciSearch(R) Cited Ref Sci 1990-2006/Jun W1
N5	2	73: EMBASE 1974-2006/Jun 13
N6	1	5: Biosis Previews(R) 1969-2006/Jun W1
N7	1	156: ToxFile 1965-2006/Jun W2
N8	1	159: Cancerlit 1975-2002/Oct
N9	1	266: FEDRIP 2005/Dec
N10	0	35: Dissertation Abs Online 1861-2006/May

9 files have one or more items; file list includes 25 files.

- Enter P or PAGE for more -

? b n1-n10
13jun06 15:37:05 User208650 Session D835.5
\$11.87 4.478 DialUnits File411
\$11.87 Estimated cost File411
\$0.80 TELNET
\$12.67 Estimated cost this search
\$106.81 Estimated total session cost 10.818 DialUnits

SYSTEM:OS - DIALOG OneSearch

File 149:TGG Health&Wellness DB(SM) 1976-2006/May W4
(c) 2006 The Gale Group

File 399:CA SEARCH(R) 1967-2006/UD=14425
(c) 2006 American Chemical Society

*File 399: Use is subject to the terms of your user/customer agreement.
IPCR/8 classification codes now searchable as IC=. See HELP NEWSIPCR.

File 155: MEDLINE(R) 1951-2006/Jun 12
(c) format only 2006 Dialog

*File 155: Please see HELP NEWS 154

for information about recent updates added to MEDLINE.

File 34:SciSearch(R) Cited Ref Sci 1990-2006/Jun W1
(c) 2006 Inst for Sci Info

File 73:EMBASE 1974-2006/Jun 13
(c) 2006 Elsevier Science B.V.

File 5:Biosis Previews(R) 1969-2006/Jun W1
(c) 2006 The Thomson Corporation

File 156:ToxFile 1965-2006/Jun W2
(c) format only 2006 Dialog

File 159:Cancerlit 1975-2002/Oct
(c) format only 2002 Dialog

*File 159: Cancerlit is no longer updating.

Please see HELP NEWS159.

File 266:FEDRIP 2005/Dec
Comp & dist by NTIS, Intl Copyright All Rights Res

File 35:Dissertation Abs Online 1861-2006/May
(c) 2006 ProQuest Info&Learning

Set Items Description

? s (intestin?(5n)cleans?) and laxat?

1202478 INTESTIN?

24293 CLEANS?

263 INTESTIN?(5N)CLEANS?

16960 LAXAT?

S1 42 (INTESTIN?(5N)CLEANS?) AND LAXAT?

? rd

```
S2      40  RD  (unique items)
? s2 and prokinet?
Processing
Processed 10 of 10 files ...
Completed processing all files
16436254  2
    7009  PROKINET?
S3      2727  2 AND PROKINET?
? s s2 and prokinet?
    40  S2
    7009  PROKINET?
S4      0  S2 AND PROKINET?
```